

BP-A0943 Small Claims for Property Damage or Loss (31 U.S.C. § 3723) CDFRM

JUNE 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

1. Location where the property loss or damage occurred: MCC Chicago

Thorex hospital  
Thorex hospital

2. Name, address of claimant (Register number, street, city, state, and zip code):

Jordan Watkins 52900424  
USP Leavenworth  
PO Box 1000  
Leavenworth, KS 66048

3. Date and Day of Incident: June 12

2019

4. Time: (A.M. or P.M.):

930 - 1130

5. Basis of Claim (State in detail the known facts and circumstances of the damage to, or loss, of privately owned property, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages, if necessary.):

I went in for a micro robotic surgery for a hernia 3 days later my left testical started swelling and hurting and I couldn't use the bathroom for a week Dr. Mohan Head physician of MCC Chicago told me I should be going for a follow up it never came I'm in lots of pain and I have to have another surgery to fix the problem I'm filing a claim of negligence on behalf of the ADOP because this was your all's healthcare provider I'm now waiting to see a general surgeon to fix the problem I requested medical records to prove my claim

6. Witnesses (Please provide the name and address (number, street, city, state, and zip code of each witness)):

Dr. Mohan MCC Chicago RN Hunt MCC Chicago  
IL 60604

7. Amount of Claim for Damage to, or loss of, privately owned property (in dollars)

(Sum Certain Amount - Total Amount of Claim): ~~2,250,000.00~~

2,250,000.00

8. MAIL OR DELIVER CLAIM TO THE REGIONAL OFFICE WHERE THE CLAIM OCCURRED

CERTIFY THAT THE AMOUNT OF THE CLAIM COVERS ONLY DAMAGE TO, OR LOSS OF PRIVATELY OWNED PROPERTY CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

Signature of Claimant or Authorized Representative

Jordan Watkins

10. Date 10-22-19

RECEIVED

OCT 29 2019

TRT-NCR-2020-02494

Prescribed by PS 1320

LEGAL NORTH CENTRAL  
REGIONAL OFFICE



I was told my Bowels came through the hernia mesh  
It is very painful I'm not receiving pain meds It's a good  
chance that one of my testicals will have to be amputated  
This is why my number is so high today's date is  
oct22-2019 I would like a claim # I'm exhausting my  
administrative remedies at the moment I'm in the shu  
The counselor for Blower don't make regular rounds so  
I can't start a paper trail medical records will  
follow I would like the claim # to give to my Attorney  
please give me instructions on what I will need to  
prove my claim

Thank you  
Jordan W. Carter



**U.S. Department of Justice**

**Federal Bureau of Prisons**

*North Central Regional Office*

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*Office of Regional Counsel*

400 State Avenue  
Tower II, Suite 800  
Kansas City, KS 66101

July 20, 2020

Jordan Watkins  
Reg. No. 52900-424  
FCI Gilmer  
PO Box 6000  
Glennville, WV 26351

Re: Jordan Watkins, Register Number 52900-424  
Claim Number TRT-NCR-2020-02494  
Amount Claimed: \$ 2,250,000.00

CERTIFIED RECEIPT 7019 2970 0001 7211 4803

Dear Claimant:

The above referenced tort claim has been considered for administrative review pursuant to 28 C.F.R. § 0.172, Authority: Federal Tort Claims, and 28 C.F.R. Part 14, Administrative Claims Under Federal Tort Claims Act. Investigation of your claim did not reveal you suffered any personal injury as a result of the negligent acts or omissions of Bureau of Prisons employees acting within the scope of their employment.

As a result of this investigation, your claim is denied. This memorandum serves as a notification of final denial under 28 CFR § 14.9, Final Denial of Claim. If you are dissatisfied with our agency's action, you may file suit in an appropriate U.S. District Court no later than 6 months after the date of this notification.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard M. Winter".

For

Richard M. Winter  
Regional Counsel